County: Brown HI GHLAND HEALTH CARE 2997 ST ANTHONY DRIVE GREEN BAY 5431 2997 SI ANTHONY DRIVE
GREEN BAY
54311 Phone: (920) 468-0734
Operated from 1/1 To 12/31 Days of Operation: 366
Operate in Conjunction with Hospital? No
Number of Beds Set Up and Staffed (12/31/00): 56
Total Licensed Bed Capacity (12/31/00): 59
Number of Residents on 12/31/00: 47 Ownership:
Highest Level License:
Operate in Conjunction with CBRF?
Title 18 (Medicare) Certified? Corporati on Skilled No Yes Average Daily Census: 49

Services Provided to Non-Residents	Age, Sex, and Primary Diagn	Length of Stay (12/31/00)	%				
	No   No	Primary Diagnosis	%   	Age Groups	% 	Less Than 1 Year 1 - 4 Years	44. 7 42. 6
Supp. Home Care-Household Services	No	Developmental Disabilities	2. 1	Under 65	17. 0	More Than 4 Years	12. 8
	No	Mental'Illness (Org./Psy)	<b>59</b> . <b>6</b>	<b>65 - 74</b>	21. 3		
	No	Mental Illness (Other)	2. 1	<b>75 - 84</b>	40. 4		100. 0
Adult Day Care	No	Alcohol & Other Drug Abuse	0.0	85 - 94	12. 8	***************	******
	No	Para-, Quadra-, Hemiplegic	8. 5	95 & 0ver	8. 5	Full-Time Equivaler	ıt
	No	Cancer	0.0			Nursing Staff per 100 Re	esi dents
Home Delivered Meals	No	Fractures	2. 1		100. 0	(12/31/00)	
Other Meals	No	Cardi ovascul ar	0.0	65 & 0ver	83. 0		
Transportation	No i	Cerebrovascul ar	17. 0			RNs	7. 6
Referral Service	No	Di abetes	2. 1	Sex	%	LPNs	15. 9
Other Services	Yes	Respi ratory	0. 0			Nursi ng Assi stants	
Provi de Day Programming for	İ	Other Medical Conditions	6. 4	Male	38. 3	Aides & Orderlies	32. 3
	No			Female	61. 7		
Provi de Day Programming for	1		100. 0				
	No				100. 0		

## Method of Reimbursement

	Medicare (Title 18)				Medicaid (Title 19)			Other Pri va			rivate	vate Pay			ed Care		Percent
			Per Die	m	n Per Diem			Per Diem				Per Diem			Per Diem	Of All	
Level of Care	No.	%	Rate	No	. %	Rate	No.	%	Rate	No	. %	Rate	No.	%	Rate	No.	Resi dents
Int. Skilled Care	0	0. 0	\$0.00	1	3. 2	\$110.02	0	0. 0	\$0.00	0	0. 0	\$0.00	0	0. 0	\$0.00	1	2. 1%
Skilled Care	Ĭ	100. 0	\$229. 18	28	90. 3	\$94. 13	Ŏ	0. 0	\$0.00	13	100. 0	\$141.90	2		\$325.00	$\overline{44}$	93. 6%
Intermedi ate				2	6. 5	\$78. 34	0	0.0	\$0.00	0	0.0	\$0.00	0	0.0	\$0.00	2	4.3%
Limited Care				0	0.0	\$0.00	0	0.0	\$0.00	0	0.0	\$0.00	0	0.0	\$0.00	0	0.0%
Personal Care				0	0.0	<b>\$0. 00</b>	0	0.0	\$0.00	0	0.0	\$0.00	0	0.0	\$0.00	0	0.0%
Residential Care				0	0.0	<b>\$0. 00</b>	0	0.0	\$0.00	0	0.0	\$0.00	0	0.0	\$0.00	0	0.0%
Dev. Di sabl ed				0	0.0	<b>\$0. 00</b>	0	0.0	\$0.00	0	0.0	\$0.00	0	0.0	\$0.00	0	0.0%
Traumatic Brain Inj		0.0	<b>\$0. 00</b>	0	0.0	<b>\$0. 00</b>	0	0.0	\$0.00	0	0.0	\$0.00	0	0.0	\$0.00	0	0.0%
Venti l ator- Depender	nt O	0.0	<b>\$0. 00</b>	0	0.0	<b>\$0. 00</b>	0	0.0	\$0.00	0	0.0	\$0.00	0	0.0	\$0.00	0	0.0%
Total	1	100.0		31	100. 0		0	0.0		13	100.0		2	100.0		47	100.0%

Percent Distribution of Residents' Conditions, Services, and Activities as of 12/31/00 Admissions, Discharges, and Deaths During Reporting Period % Needi ng Total Assistance of Percent Admissions from: Activities of % Totally Number of Private Home/No Home Health 15.9 Daily Living (ADL) Independent One Or Two Staff Dependent Resi dents Private Home/With Home Health 7. 3 Baťhi ng 0.0 48.9 51. 1 47 Other Nursing Homes 0.0 Dressing 4.3 53. 2 42.6 47 Acute Care Hospitals
Psych. Hosp. - MR/DD Facilities
Rehabilitation Hospitals 67. 1 Transferring 27.7 55.3 17.0 47 40.4 4.9 Toilet Use 14.9 44.7 47 0.0 **59.** 6 47 8. 5 Other Locations \*\*\*\*\* 4.9 Total Number of Admissions 82 Continence Special Treatments Receiving Respiratory Care Receiving Tracheostomy Care Receiving Suctioning Receiving Ostomy Care Percent Discharges To: Indwelling Or External Catheter 6. 4 0.0 Private Home/No Home Health 10.7 Occ/Freq. Incontinent of Bladder **66.** 0 0.0 Private Home/With Home Health **25.** 0 Occ/Freq. Incontinent of Bowel 53. 2 0.0 Other Nursing Homes 13. 1 2. 1 Acute Care Hospitals
Psych. Hosp. - MR/DD Facilities
Rehabilitation Hospitals Receiving Tube Feeding Receiving Mechanically Altered Diets 16. 7 4.3 Mobility Physically Restrained 4.3 2.4 19. 1 0.0 Other Locations 4.8 Skin Care Other Resident Characteristics 27. 4 14. 9 Deaths With Pressure Sores Have Advance Directives 87. 2 Total Number of Discharges With Rashes Medi cati ons 6. 4 (Including Deaths) Receiving Psychoactive Drugs **68**. 1

Selected Statistics: This Facility Compared to All Similar Metropolitan Area Facilities & Compared to All Facilities

		Ownershi p:			Si ze:	Li ce	ensure:				
	Thi s	Pro	ori etary	50-	- 99	Ski l	lled	All Facilities			
	Facility		Group		Group		Group				
	%	%	Ratio	%	Ratio	%	Ratio	%	Ratio		
Occupancy Rate: Average Daily Census/Licensed Beds	83. 1	82. 5	1.01	87. 3	0. 95	84. 1	0. 99	84. 5	0. 98		
Current Residents from In-County	87. 2	83. 3	1.05	80. 3	1.09	83. 5	1.04	77. 5	1. 13		
Admissions from In-County, Still Residing	22. 0	19. 9	1. 10	21. 1	1.04	22. 9	0. 96	21. 5	1.02		
Admissions/Average Daily Census	167. 3	170. 1	0. 98	141. 8	1. 18	134. 3	1. 25	124. 3	1. 35		
Discharges/Average Daily Census	171. 4	170. 7	1.00	143. 0	1. 20	135. 6	1. 26	126. 1	1. 36		
Discharges To Private Residence/Average Daily Census	61. 2	70.8	0.86	<b>59. 4</b>	1. 03	<b>53. 6</b>	1. 14	49. 9	1. 23		
Residents Receiving Skilled Care	95. 7	91. 2	1. 05	88. 3	1.08	90. 1	1.06	83. 3	1. 15		
Residents Aged 65 and Older	83. 0	93. 7	0.89	95.8	0.87	92. 7	0. 90	87. 7	0. 95		
Title 19 (Medicaid) Funded Residents	66. 0	62. 6	1.05	57. 8	1. 14	63. 5	1.04	69. 0	0. 96		
Private Pay Funded Residents	27. 7	24. 4	1. 13	33. 2	0.83	27. 0	1.02	22. 6	1. 22		
Developmentally Disabled Residents	2. 1	0.8	2. 76	0. 7	2.91	1. 3	1.69	7. 6	0. 28		
Mentally Ill Residents	61. 7	30.6	2.01	32. 6	1.89	37. 3	1.65	33. 3	1.85		
General Medical Service Residents	6. 4	19. 9	0. 32	19. 2	0. 33	19. 2	0. 33	18. 4	0. 35		
Impaired ADL (Mean)	59. 1	48. 6	1. 22	48. 3	1. 23	49. 7	1. 19	49. 4	1. 20		
Psychological Problems	68. 1	47. 2	1. 44	47. 4	1.44	50. 7	1. 34	50. 1	1. 36		
Nursing Care Required (Mean)	5. 9	6. 2	0. 95	6. 1	0. 96	6. 4	0. 91	7. 2	0.82		